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**HONOLULU SPORTS MEDICAL CLINIC, INC.**



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**CHET NIERENBERG, M.D.**  
**ROBERT SMITH, M.D.**  
**PETER DIAMOND, M.D.**

**March 7, 2001**

Darlene Y. F. Itomura  
Wong, Oshima & Kondo  
Attorneys at Law, A Law Corporation  
Davies Pacific Center, Suite 1600  
Honolulu, HI 96813

RE: BACKMAN, DANIEL  
Employer: First Insurance Company of Hawaii, Inc.  
D/Accident: 7/31/97  
Case No: 7-99-00534  
Claim No: 2J029128  
File No: 00-001-32

Dear Ms. Itomura:

Thank you for your letter, dated 2/8/01, and the additional medical records.

As you know, I originally saw this patient for an Independent Medical Evaluation on 2/25/99, and issued my findings in a report dated 3/8/99. The patient underwent surgery on 3/9/99, with discectomy and anterior cervical fusion at the C4-5 level. Medical records subsequent to my evaluation document complaints of continuing neck pain following the surgery.

An MRI of the cervical spine was performed on 12/15/00, and according to the interpreting Radiologist, showed no significant central canal stenosis or neural foraminal narrowing at the C4-5 level.

On 1/16/01, Dr. Jon Graham requested authorization to perform additional surgery at C4-5. I expressed my concerns regarding selection of a C4-5 procedure in a letter to you, dated 1/26/01.

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RE: BACKMAN, DANIEL

MEDICAL OPINIONS:

After review of the additional records, I am afraid I cannot specifically answer your question with regard to the necessity for the proposed surgery at C4-5. I would note that the surgery performed by Terry Smith, M.D., on 3/9/99, included a foraminotomy at C4-5. Subsequently, a cervical MRI scan, performed on 12/15/00, and interpreted by Matthew Yuh, M.D., Radiologist, indicated that there was no significant central canal stenosis or neural foraminal narrowing at C4-5. However, in a clinical note dated 12/22/00, Dr. Graham stated that he had reviewed the MRI scan, which he felt showed bilateral foraminal stenosis at C4-5, worse on the left.

Moreover, I did not see any indication in the records that electrodiagnostic studies had been performed, and I am not at all sure that the radiating symptoms of which the patient complains are specifically attributable to a surgically correctable condition at the C4-5 level. The most detailed description of radiating symptoms following the original surgery was provided by Dr. Chow on 4/4/00, at which time he documented complaints of neck pain radiating to the bilateral shoulders, left greater than right, with numbness and tingling in the left 4th and 5th fingers. These symptoms are not in a C4-5 distribution.

At this point, I would suggest that the actual MRI films from 12/15/00 be sent to a Neuroradiologist for an independent reading, in an attempt to resolve the apparent difference of opinion between the Neurosurgeon and the interpreting Radiologist. I would also reiterate my suggestion for EMG studies of the upper extremities prior to any proposed surgery, in an effort to further define the source of the patient's complaints. When a definitive indication for surgery has been identified, I will be able to specifically address your questions.

Sincerely,



Peter E. Diamond, M.D.

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